

# BACKFLOW DEVICE TEST REPORT

**Mail Original & Filing fee to:**

City of Bel Aire  
Community Development Dept.  
7651 E Central Park Ave.  
Bel Aire, Kansas 67226  
316-744-2451 Ext. #120

**THIS DEVICE:** (Circle one)  
**PASSED?** **FAILED?**

New Install ☐  
Re-Test ☐  
Fire System ☐  
Containment ☐

**FILING FEE: \$5.00**

**NAME:** \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Size \_\_\_\_\_ Manufacturer \_\_\_\_\_ Serial # \_\_\_\_\_  
Model # \_\_\_\_\_ Type \_\_\_\_\_  
Owner \_\_\_\_\_ Service Address \_\_\_\_\_  
Location \_\_\_\_\_ Phone # \_\_\_\_\_

SUPPLY LINE	Reduced Pressure Principle Assembly (Requires three columns)			REBUILD DATE (If known)
	Double Check Valve Assembly (two columns)			
PSI	Check Valve #1	Check Valve #2	Differential Pressure Relief	Vacuum Breaker PVB/SVB
INITIAL TEST	1. RP/DC _____ PSID Leaked (0.0) <input type="checkbox"/> Failed <input type="checkbox"/>	1. RP/DC _____ PSID Leaked (0.0) <input type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ PSID  DID NOT OPEN <input type="checkbox"/>	AIR INLET: Opened at _____ PSID DID NOT OPEN <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	CHECK VALVE:
	Replaced:	Replaced:	Cleaned Sensing _____	Held at _____ PSID
	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	Line(s) <input type="checkbox"/>	Leaked (0.0) <input type="checkbox"/>
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	Replaced:	Failed <input type="checkbox"/>
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	DISC <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	PIN RETAINER <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>	Replaced
	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	GUIDE <input type="checkbox"/>	AIR INLET DISC <input type="checkbox"/>
	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	CHECK DISC <input type="checkbox"/>
DIAPHRAGM <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	AIR INLET SPRING <input type="checkbox"/>	
OTHER, DESCRIBE <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>	SEAT <input type="checkbox"/>	CHECK SPRING <input type="checkbox"/>	
		DIAPHRAGM <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>	
		OTHER, DESCRIBE <input type="checkbox"/>		
FINAL TEST	RP/DC _____ PSID Leaked (0.0) <input type="checkbox"/> Failed <input type="checkbox"/>	RP/DC _____ PSID Leaked (0.0) <input type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ PSID DID NOT OPEN <input type="checkbox"/> <u>FOR RP ONLY</u>	AIR INLET Opened at _____ PSID PVB CHECK _____ PSID Leaked (0.0) <input type="checkbox"/> Fail <input type="checkbox"/>

Comments: \_\_\_\_\_

The above report is certified to be true as attested herein.

INITIAL TEST BY \_\_\_\_\_

Signature \_\_\_\_\_

DATE \_\_\_\_\_

CERTIFIED TESTER NO. \_\_\_\_\_

REPAIRED BY \_\_\_\_\_

Signature \_\_\_\_\_

DATE \_\_\_\_\_

FINAL TEST BY \_\_\_\_\_

Signature \_\_\_\_\_

Print Signature \_\_\_\_\_

CERTIFIED TESTER NO. \_\_\_\_\_

DATE \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_